

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 3-25-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the therapeutic exercises, therapeutic activities, neuromuscular re-education, office visits, chiropractic manual treatment of the spine, manual therapy, and prolonged physical services rendered from 7/29/03 through 11/18/03 and denied with "V" were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On July 13, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

Per conversation with ____ from the requestor's office on 11/9/04, they received payment from the carrier for the following services/dates of service and therefore these services will not be considered in this review:

CPT code 99213 on 7/7/03, 7/16/03, and 7/23/03;
CPT code 99080 on 7/7/03;
CPT code 97112 on 9/17/03;
CPT code 99354 on 9/19/03;
CPT code 98940 on 9/19/03.

- CPT codes **97112** on 8/25/03, and **99354 and 98940** on date of service 8/27/03 were denied by the carrier with "D", duplicate bill. A review of the file reveals that the requestor submitted copies of the HCFAs marked "reconsideration." Per Rule 133.304 (k) (1)(A), ...the request shall include:

- (1) a copy of the complete medical bill that the health care provider is requesting the insurance carrier to reconsider,

(A) clearly marked with the statement “REQUEST FOR
RECONSIDERATION”

Therefore, **reimbursement is not recommended.**

The request for reimbursement is denied as outlined above, and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 10th day of November 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

June 16, 2004

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

Patient:	_____
TWCC #:	_____
MDR Tracking #:	M5-04-2311-01
IRO #:	5251

Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker’s Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

The patient was injured when he was standing on a wooden pallet and one of the boards of the pallet broke and he fell, with his right knee bending, and struck a board on the pallet. Of course, the patient had immediate pain in his knee and was treated initially by ___ of ___. Eventually the patient underwent an arthroscopic meniscectomy in January of 2003, according to the medical records. He was found to be at MMI by Dr. H on 5/5/2003 and assessed a 9% impairment rating. The patient did contest the impairment rating and MMI, but no designated doctor report is found in this file. The patient apparently changed doctors to Dr. S at some point after the MMI finding and was treated in the ___ along with taking OT at the ___.

DISPUTED SERVICES

The carrier has denied the medical necessity of therapeutic exercises, therapeutic activities, neuromuscular re-education, office visits, chiropractic manual treatment of the spine, manual therapy and prolonged physical services.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The reviewer notes that active treatment in this patient was productive during the early stages of treatment on this patient and that the patient responded well to the treatment rendered. However, there is no documented medical necessity for care that was this extensive for such a long period of time. The surgical procedure was performed in January of 2003 and after a month of recovery and perhaps a bit of passive treatment, a reasonable treatment protocol would include active care for 6-8 weeks. However, there is no indication that care a full 6-8 months after an apparently successful surgery would in any way be medically necessary for such a patient. The records do not give insight as to why such treatment went on for such a long period of time. As a result, the reviewer finds that the treatment was not reasonable or necessary.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,